SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	PAGE	2	22	OF		63				
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) HCA INC. GOOD GOVERNME	ENT FUND				
Full Name (Last, First, Middle Initial) Dan Friedrich Mailing Address 7208 19th Ave NW	Date of Receipt				
7200 1301 AVE INVV					
City					
Bradenton	FL 34209	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer	Occupation				
Blake Medical Center	CEO				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Todd Gallati	Date of Receipt				
Mailing Address 9330 Medical Plaza Drive	Chale Time Control	08 18 2015			
City Charleston	State Zip Code SC 29406	Transaction ID : SA11AI.31838			
	20.00	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	750.00			
Name of Employer	Occupation				
Trident Health Systems	CEO-Trident				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00				
Full Name (Last, First, Middle Initial) Nick Galt		Date of Receipt			
Mailing Address 4401 Booth Calloway Rd	ailing Address 4401 Booth Calloway Rd				
City NRH	State Zip Code TX 76180	08 21 2015 Transaction ID : SA11AI.32261 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer					
North Hills Hospital	Director				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	2250.00			
TOTAL This Period (last page this line number	<u> </u>				